

employing tampons. Abortion occurred, but the patient made an uninterrupted recovery. The bladder did not become infected in spite of the extraordinary retention of urine.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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The New Mydriatic, Euphthalmin.—A. DARIER (Paris) prefers a 5 or 10 per cent. solution of this drug to produce temporary dilatation of the pupil. Such a solution produces extreme mydriasis without causing any marked paresis of the accommodation. He compared the effect of the 5 per cent. solution of euphthalmin instilled in one eye with that of a 1 per cent. solution of homatropin instilled in the other eye. The dilatation produced in the two eyes was similar except that the homatropin acted a little more quickly. But in five to seven hours the mydriasis caused by the euphthalmin had disappeared, while that of the homatropin lasted until the following day.—*La Clinique Ophtalmologique*, No. 1, 1900.

[The value of euphthalmin as a brief mydriatic is now well-established, all observers being fully agreed regarding it. There is also complete agreement as to its freedom from danger of any injurious effect upon the cornea, such as strong solutions of cocaine are likely to produce. Regarding the risk of producing an outbreak of glaucoma with euphthalmin, while it is probably less than with any other mydriatic but cocaine, and most writers speak of it as *nil*, we must remember that every other new mydriatic has been put forward with the same assertion, but experience has in each previous case failed to substantiate the claim.]

Lachrymal Obstruction in the Young.—DONALD GUNN (London) reports seventeen cases, which he finds fall readily into two groups: 1st. Cases in which the obstruction was present at birth, or noticed soon after birth. 2d. Those cases in which for the first few years of life the child has been free from any suspicion of lachrymal obstruction, but later develops a lachrymal abscess.

The first group includes cases in which there is evidence of obstruction having been present at or before birth, the fluid in some cases being contained in a cavity which probably represents a dilated nasal duct; and cases in which the symptoms have arisen somewhat later, generally in association with conjunctivitis, but which, even if truly congenital in origin, show no evidence of a dilated duct.

The second group includes cases occurring in syphilitic children and often associated with interstitial keratitis; and cases in which the obstruction was caused by tubercular disease of the bones of the nose or orbit.

The congenital cases he finds are quickly cured by the passage of the probe, when the obstruction is formed of mucous membrane; but when it is cartilaginous the use of some form of style is needful. Gunn uses a stout lead wire, which he passes down the duct and brings out of the nostril, turning it at both ends to prevent slipping out of place. The cases dependent on bone disease are more obstinate, requiring local and general treatment.—*Ophthalmic Review*, February, 1900.

Cure of Pannus by Erysipelas.—S. BÄCK (Gleiwitz) reports the case of a woman, aged twenty-two years, who had been for some time in the hospital undergoing treatment for trachoma with severe pannus. The lids had been rolled with Knapp's forceps and applications of copper employed, yet after four months there was still dense pannus. Facial erysipelas, with great swelling of the lids, occurred; and when, at the end of two weeks, the eyes could be opened again, great improvement in both the opacity and vascularity of both corneas had already occurred.—*Klinisches Monatsbl. f. Augenheilk.*, February, 1900.

Tuberculosis of the Conjunctiva—J. W. H. EYRE (London) has encountered 11 cases of primary tuberculosis of the conjunctiva among 31,000 cases of eye disease. He thinks, therefore, that it is not so rare as has generally been supposed. It is usually unilateral. It occurs either as a caseating ulcer or as an inflammatory new formation of the granuloma type. Of the latter Eyre recognizes the four clinically distinct groups of Sattler.

It is extremely chronic and exhibits no tendency to undergo spontaneous cure. It does not usually tend to implicate the cornea until quite late in the disease, and the iris later still. The pre-auricular gland on the side of the affected eye is involved early, and next the glands below the angle of the jaw.

Removal of the primary focus, to prevent a general infection, should be carried out as early as possible, and should be thorough. Under such circumstances, as with other localized tuberculous lesions, a permanent cure may be confidently expected.

When the tubercular lesion is an ulcer the bacilli can generally be demonstrated in "scrapings" from it. But where it is a granuloma it is rather the exception to detect these organisms in sections of the tissue. Inoculation of the diseased tissue into the anterior chamber of the rabbit's eye, or into the subcutaneous tissue of a guinea-pig, is a better test of the character of the growth.—*Archives of Ophthalmology*, January, 1900.

Sympathetic Ophthalmia Treated by Sodium Salicylate.—H. GIFFORD (Omaha) reports three cases treated with this drug, which he recommends as the most important remedy for this disease. It should be given in very large doses. Thus, to a boy weighing 130 pounds he gave 180 grains in the twenty-four hours, giving it in 15 grain doses in a teaspoonful of brandy. In all of these cases the control of the drug over the inflammatory condition appears to have been very marked.—*Annals of Ophthalmology*, January, 1900.

Prolapse of the Iris after Simple Cataract Extraction.—GEORGE C. HARLAN (Philadelphia) finds this is by no means so serious an accident as many authorities have considered it. Very small hernias of the iris may be let alone, unless they interfere with the closure of the wound. The best treatment for a large proportion of extensive prolapses is prompt abscission; though infective inflammation of the iris or conjunctiva may necessitate delay. In a certain number of cases the iris may be replaced, if septic or adhesive inflammation be absent.—*Ophthalmic Record*, February, 1900.

Corneal Lesions of Diplo-bacillus Conjunctivitis.—P. PETIT (Paris), from an extended study of this subject concludes that while in the greater number of cases the diplo-bacillus infection is limited to the conjunctiva, it may involve the cornea, giving rise to ulceration, which, however, is usually slight. Such ulceration is most frequently situated near the margin of the cornea, is superficial without marked tendency to deepen; but it may, if not properly looked after, extend on the surface. The diplo-bacillus may be found in pure culture in the ulcer. He has found that a collyrium of

Zinc sulphate	1 part
Distilled water	40 parts

instilled once or twice daily has always effected a prompt and complete cure.—*Annales d'Oculistique*, February, 1900.

[In the formula given for the treatment of this form of conjunctivitis in the March number of this JOURNAL, p. 369, there occurs a misprint. It should read:

Zinc chloride	4 parts.
Mercuric chloride	1 part.
Distilled water	4000 parts.

This is to be used every two hours.]

Tobacco Amblyopia.—E. LOPEZ (Havana), in reporting a case of this disease, remarks that it is rare in Cuba, amblyopia due to alcoholic indulgences being a more common form. This he ascribes largely to the quality of the tobacco generally used on the island. Lopez's patient, a man, aged forty years, improved rapidly upon suspending the use of tobacco and taking potassium iodide in increasing doses.—*Anales de Oftalmologia*, February, 1900.

Primary Glanders of the Conjunctiva.—STRZEMINSKI (Wilna) reports a case of this kind occurring in a veterinarian who, although exposed to the disease, could not fix the date of infection. There was a nodule about the middle of the lower lid, and the adjoining conjunctiva was hyperæmic and slightly swollen. There was some mucopurulent discharge. The nodule was excised and examined microscopically, and showed the nature of the lesion. Its seat was then destroyed with the galvano-cautery, and there was no recurrence. Strzeminski thinks the rarity of conjunctival infection, as compared with infection of the nasal mucous membrane, is due to the removal of infective material by the movements of the lids.—*Recueil d'Ophthalmol.*, January, 1900.